titioner's Docket No. D-1124



Confirmation No.: 4122

Art Unit: 3626

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kevin H. Newton, et al.

Application No.: 09/428,036

Filed:

October 27, 1999

Title:

Examiner: Robert W. Morgan Method of Tracking and Dispensing Medical Items

to Patients through Self Service Delivery System

Box AF **Commissioner for Patents** PO Box 1450 Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (37 C.F.R. 1.191)

Applicants hereby appeal to the Board from the decision of the Primary Examiner, mailed June 4, 2003, rejecting claims 1-45.

1. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. 1.17(b), the fee for filing the Notice of Appeal is:

Other than a small entity

\$320.00

Notice of Appeal fee due

\$320.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to Box AF, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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Ralph E. Jocke

(type or print name of person certifying)

(Notice of Appeal from the Primary Examiner to the Board—page 1 of 2)

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3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R.1.136 apply.

Applicants believe that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicants have inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$320.00

TOTAL FEE DUE \$320.00

5. FEE PAYMENT

Charge Account No. 10-0637 (WALKER & JOCKE) the sum of \$320.00 A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 10-0637 (WALKER & JOCKE).

If any additional fee for claims is required, charge Account No. 10-0637 (WALKER & JOCKE).

SIGNATURE OF PRACTITIONER

Reg. No. 31,029 Customer No. 07733

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